

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571,991

FILING DATE

3-15-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1					
2		1				
3		2				
4	1	-				
5	1	-				
6	1	-				
7	1	-				
8	1	-				
9	1	-				
10	1	-				
11	1	-				
12	1	-				
13	1	-				
14	8	-				
15	-					
16	1	-				
17	1	-				
18	1	-				
19	1	-				
20	1	-				
21	1	-				
22	5	-				
23	0	-				
24	-					
25	-					
26	-					
27	-					
28	-					
29	-					
30	-					
31	1	-				
32	1	-				
33	0	=				
34	0	-				
35	0	-				
36	0	-				
37	1	=				
38						
39						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	37					
TOTAL CLAIMS	38					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						